

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

RECEIVED

2013 DEC -2 AM 11:42  
Office Use Only

1. NAME OF  
COMMITTEE (in full)



(Check if name  
is changed)

Example: If typing, type  
over the lines.

12 FEB 4 5 MAIL CENTER

EXPLORATORY CONGRESSIONAL COMMITTEE FOR DAVID  
KARSEN DDA: DAVID KARSEN FOR CONGRESS

ADDRESS (number and street)

PO BOX 214

130310142217  
☐ (Check if address  
is changed)

DUNWICK

CITY ▲

NJ

STATE ▲

08858

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address  
is changed)

CONTACT@ELEET.KARSEN.COM

Optional Second E-Mail Address

DAVE@ELEET.KARSEN.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address  
is changed)

DAVIDKARSENFORCONGRESS.COM

2. DATE

11/26/2013

3. FEC IDENTIFICATION NUMBER ►

C

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

DAVID KARSEN

Signature of Treasurer

*[Signature]*

Date

11/27/2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.  
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 06/2012)

## 5. TYPE OF COMMITTEE

**Candidate Committee:**

- (a) ☒ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

DAVID KENNY LARSEN

Candidate Party Affiliation

REP

Office Sought:

☒

House

☐

Senate

☐

President

State

MT

District

7

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

**Party Committee:**

- (d) ☐ This committee is a ☐ (National, State or subordinate) committee of the ☐ (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

☐

Corporation

☐

Corporation w/o Capital Stock

☐

Labor Organization

☐

Membership Organization

☐

Trade Association

☐

Cooperative

☐

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

☐

In addition, this committee is a Lobbyist/Registrant PAC.

☐

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

**Committees Participating in Joint Fundraiser**

1.

FEC ID number

C

2.

FEC ID number

C

3.

FEC ID number

C

4.

FEC ID number

C

13031142210

Write or Type Committee Name

DBA: DAVID LARSEN FOR CONGRESS

EXPLORATORY CONGRESSIONAL COMMITTEE FOR DAVID LARSEN

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

COMMITTEE TO ELECT DAVID LARSEN TO CONGRESS

DBA: DAVID LARSEN FOR CONGRESS

Mailing Address

PO BOX 214

OLSONVILLE

NJ

08858

CITY

STATE

ZIP CODE

Relationship:

☒ Connected Organization☐ Affiliated Committee☐ Joint Fundraising Representative☐ Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

DONNA LARSEN

Mailing Address

3 HILLDALE RD

LEBANON

NJ

08853

Title or Position

CITY

STATE

ZIP CODE

SECRETARY

Telephone number

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name  
of Treasurer

DAVID LARSEN

Mailing Address

PO BOX 214

OLSONVILLE

NJ

08858

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

908-448-0347

13031142219

Full Name of  
Designated  
Agent

Mailing Address

CITY

STATE

ZIP CODE

Title or Position

Telephone number

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

SOVEREIGN BANK

Mailing Address

9512 THIRD AVE

BROOKLYN

NY

11209

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

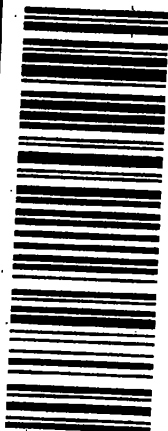
STATE

ZIP CODE

13031442220

13031142221

David Larsen  
P.O. Box 214  
Oldwick, NJ 08858



7010 1670 0001 5285 4458



1000



U.S. POSTAGE  
PAID  
OLDWICK, NJ  
08858  
NOV 26, 13  
AMOUNT

\$6.31

*FEC  
999 E. St. NW.  
WASHINGTON, DC*


*20463.1051*

RECEIVED  
2013 DEC -2 11:42  
FEC MAIL CENTER

204631051



Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 11/26/13
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER (8/2013)	12/2/13 DATE PREPARED

13031142222